

PART B - FEE(S) TRANSMITTAL

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7590

12/28/2005

Jeffrey C. Hood
 Meyertons, Hood, Kivlin, Kowert & Goetzel PC
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03/14/2006 MBELETE2 00000036 501505 10653322

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
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Jeffrey C. Hood

(Depositor's name)

(Signature)

(Date)

3/7/2006

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/653,322	09/02/2003	Klaas Wortel	5707-03700	2946

TITLE OF INVENTION: FSK MODULATOR USING IQ UP-MIXERS AND SINEWAVE CODED DACS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/28/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LE, NHANT	2685	455-304000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Meyertons Hood Kivlin Kowert
& Goetzel, P.C.
 2 Jeffrey C. Hood
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Standard Microsystems Corporation

Hauppauge, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505/5707-03700/JCH (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).

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Authorized Signature Jeffrey C. Hood

Date 3/7/2006
PTO # 35,198

Typed or printed name _____

Registration No. _____

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